

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : JAMES CHYVAN MOORE and ANN MARIE D'AMICO
SERIAL NO. : Unassigned ART UNIT: Unassigned
FILED : Herewith EXAMINER: Unassigned
FOR : METHOD OF DEALING BLACKJACK GAME WITH DISCARD OPTION

TO THE HONORABLE DIRECTOR OF THE
UNITED STATES PATENT AND TRADEMARK OFFICE
P.O. Box 1450
Alexandria, Virginia 22313-1450
ATTENTION: Commissioner of Patents

PETITION TO MAKE SPECIAL BECAUSE OF APPLICANT'S AGE

Dear Sir:

Applicant hereby petitions to make this application special because of the applicant's age. Specifically, I am more than sixty-five years old, having been born on March 18, 1929. A true and correct copy of my birth certificate is attached hereto.

This petition is submitted without any fee as permitted by 37 C.F.R. 1.102(c).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements

were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Sincerely yours,

Date MARCH 24, 2004

James Chyvan Moore

JAMES CHYVAN MOORE
31750 LANDAU BLVD. #A-8
Cathedral City, CA 92234

1. PLACE OF BIRTH
County Tulsa
Township _____
or
Village _____
or

Registration
Dist. No. _____
Primary
Dist. No. _____

STANDARD CERTIFICATE OF BIRTH
Oklahoma State Board of Health
BUREAU OF VITAL STATISTICS
OKLAHOMA CITY, OKLA.

59

Registered No. 1492

City Tulsa No. _____ Street 79-8804 Ward _____
(If in a hospital or other institution, the name of the same to be given, instead of the street and house number)

2. FULL NAME OF CHILD James C. Moore

3. Sex of child <u>male</u>	4. Twins, triplets or others. _____	5. No. in order of birth _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Mar 18/29</u> (month)/(day) (yr.)
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8. Full Name FATHER James C. Moore
9. Residence Tulsa
10. Color or race white
11. Age at last birthday 21 years.
12. Birthplace, at least state or foreign country, if known Kansas
13. Occupation
(a) Trade, profession or particular kind of work. Driver
(b) General nature of industry, business or other establishment in which employed (or employer)

14. Full maiden name MOTHER Frieda G. Thornton
15. Residence Tulsa
16. Color or race white
17. Age at last birthday 20 years.
18. Birthplace, at least state or foreign country, if known Okla
19. Occupation
(a) Trade, profession or particular kind of work. Housewife
(b) General nature of industry, business or other establishment in which employed (or employer)

20. Number of children born to this mother, including present birth 2

21. Number of children of this mother now living 2

22. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5³⁰ A.M. on the date above stated.
(Born alive or stillborn)

(1) When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Give name added from supplemental report.

AUG 9 - 1929
Mac McDaniel 19____
Registrar.

(Signature) Geo. W. Finney
Physician
(Physician or Midwife)

Address 310 Med Arts Bldg
Filed 8-9, 19 1929
Registrar.

23. Did you use a one or two per cent silver nitrate solution in this infant's eye immediately after its birth?
Yes yes No _____



State Department of Health

State of Oklahoma

ROGER C. PIRRONG
STATE REGISTRAR OF VITAL STATISTICS

OKLAHOMA CITY, OKLAHOMA 73152

CERTIFIED COPY MUST
HAVE EMBOSSED SEAL

I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office. In testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this date.